

REQUEST FOR BEREAVEMENT LEAVE

This form should be completed by employees who use Bereavement Leave. Please forward the completed form, along with proof of the death/funeral to the Human Resources Department.

Employee's Name: _____

Department _____

Date(s) of Leave: _____

Name of Deceased: _____

The deceased is **MY** (circle one):

5 Days Leave:

Spouse
Child

3 Days Leave:

Parent
Sibling
Father-in-Law
Mother-in-Law
Daughter-in-Law
Son-in-Law
Grandparent
Grandchild

1 Day Leave:

Aunt
Uncle
Niece
Nephew
First Cousin
Grandparent-in-Law

Employee's Signature _____

Department Head Signature _____

Date _____